POSITION ·	INITIALS	ID NO.	DATE
FEE DETERMINATION	F		
O.I.P.E. CLASSIFIER	,		11-3-01
FORMALITY REVIEW	CA	1035	11-19-01
RESPONSE FORMALITY REVIEW			

## **INDEX OF CLAIMS**

~	Rejected	N	Non-elected
=	Allowed	- 1	Interference
_	(Through numeral) Canceled	Α	Appeal
÷	Restricted	0	Objected

	÷	Restricted	0	Objected	
Claim 10	Date	Claim	Date	Claim	Date
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<u>0</u> 12		62		112	
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21 /		71		121	
22		72		122	
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24		74		124	
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27		77		127	
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48	<del>-                                     </del>	98	<del>                                      </del>	148	++++
49	<del>~ ~ ~ ~ ~ </del>	99		149	
50		100		150	

BEST AVAILABLE COT

If more than 150 claims or 10 actions staple additional sheet here

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